

KENTUCKY TRANSPORTATION CABINET  
Dept. of Vehicle Regulation/Division of Motor Carriers  
P.O. Box 2007, Frankfort, KY 40602-2007  
(502) 564-4127 (8:00 AM - 4:30 PM EST)  
Walk-ins 8:00 AM – 4:00 PM  
TRANSPORTATION.KY.GOV

TC 95-567  
4/04

**LIST YOUR COMPANY NUMBER (S):**

KYU NUMBER: \_\_\_\_\_

DOT NUMBER: \_\_\_\_\_

KIT or  
IFTA NUMBER: \_\_\_\_\_

**2005 KENTUCKY INTRASTATE FOR-HIRE AUTHORITY RENEWAL**

(EXCEPT HOUSEHOLD GOODS AND PASSENGERS)

**TO ENSURE RECEIPT OF THIS AUTHORITY BEFORE THE EXPIRATION OF YOUR CURRENT AUTHORITY,  
RETURN PRIOR TO NOVEMBER 30, 2004**

**FEES:**

A. Number of vehicles \_\_\_\_\_ X \$10.00 per vehicle fee = \$ \_\_\_\_\_

B. Enclosed copy of company's RS-3 for 2005 check here \_\_\_\_\_ (in lieu of \$10.00 per vehicle fee)  
(Note: If your RS-3 does not list the number of vehicles also include the RS-2).

C. The application fee of \$25.00 **must** also be submitted.

D. Total enclosed \$ \_\_\_\_\_

- **Make fees payable to Kentucky State Treasurer.**
- **The company's evidence of insurance (Form E) must be on file with this agency and in good standing. Carriers with invalid insurance will not be processed until receipt of the Form E.**
- **Write corrections to your company name, address and/or telephone numbers directly on this form. Name and/or address changes require a revised insurance form (Form E).**
- **Future additions to this authority must be submitted on the Kentucky Intrastate For-Hire Authority add-on form. This form may be obtained from our Website: TRANSPORTATION.KY.GOV or by contacting this agency.**

The undersigned hereby files application for the renewal of Kentucky Intrastate For-Hire Authority. This authorization shall remain in effect until expired by law or revoked by the Kentucky Transportation Cabinet. Any vehicles operated under this authority must carry verification of insurance. I certify that I have access to and am familiar with all applicable regulations of the U.S. Department of Transportation relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and I will comply with these regulations:

\_\_\_\_\_  
**PRINT NAME AND TITLE**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**DATE**

(\_\_\_\_\_) \_\_\_\_\_  
**TELEPHONE NUMBER**

**IF YOU ARE NO LONGER OPERATING AS A FOR-HIRE CARRIER CHECK HERE:** \_\_\_\_\_

For overnight delivery, please send to: 200 Mero Street, Frankfort, KY 40622